

North Carolina Department of the Secretary of State Charitable Solicitation Licensing	Annual Financial Report Form for charitable or sponsor organizations
--	--

1. Organization Name: Onward Together	2. For Fiscal Year Ending: 03-31-18
---	--

Section 1. Balance Sheet – Concise Statement of Financial Position

A. Assets and liabilities:	Amount
3. Unrestricted Assets:	3,621,731
4. Restricted Assets:	
5. Fixed Assets:	33,063
6. Total Current Assets:	3,654,794
7. Total Current Liabilities:	258,252
8. Total Net Assets:	3,396,542
B. Fund balance:	
9. Unrestricted net assets at beginning of fiscal year:	0
10. Unrestricted net assets at end of fiscal year:	3,396,542
11. Total Change in unrestricted net assets:	3,396,542

Sections 2 and 3: Statement of Activities for Reporting Period

Section 2. Support and revenues:	Amount
12. Government grants and contracts:	0
13. §131F-2(18) qualifying organization grants:	
14. §131F-2(5) qualifying bona fide membership fees	0
15. Program service revenues not exceeding service or good fair market value:	3,077,460
16. Program service revenues over and above service or good fair market value:	0
17. Corporate or business grants:	
18. Contributions designated or received through third party channels (e.g., via parent group, federated fundraising group):	1,300,000
19. §131F-2(5) nonqualifying donation-based membership fees:	0
20. Fair market value of “in-kind” contributions and forbearances received:	0
21. Restricted direct contributions (e.g., endowment giving, charitable gift annuities, unrealized bequests):	
22. Unrestricted direct contributions:	1,858,451
23. Total G.S. §131F-2(5) “contributions” (add items 16 through 22 and enter total here):	3,158,451
24. Total Support and Revenue (add items 12 through 22 and enter total here):	6,235,911

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csf@sosnc.com
 Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
 Facsimile: (919) 807-2220
 Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Annual Financial Report Form

Form Revision: 1

Effective Date: November 19, 2004

Page 1 of 3

Section 3. Functional Expense Statement:

Functional Expenses	(A) TOTAL	(B) Program Services	(C) Management and General	(D) Fund raising
25. Grants and allocations	1,130,000	1,130,000		
26. Specific assistance to individuals				
27. Benefits paid to or from members	Ø			
28. Compensation of officers, directors, etc.	\$ 208,000	66,000	52,000	90,000
29. Other salaries and wages	64,532	64,532		
30. Pension plan contributions	Ø			
31. Other employee benefits	Ø			
32. Payroll taxes	25,259	12,556	4,897	7,804
33. Professional fundraising fees	365,242			365,242
34. Accounting fees	5,182.50		5,182.50	
35. Legal fees	8,802.22		8,007.8	7,943
36. Supplies	1,242		1,242	
37. Telephone	Ø			
38. Postage and shipping	16,497.6	37	864	16,407.5
39. Occupancy	58,076	27,818	11,080	19,176
40. Equipment rental and maintenance	Ø			
41. Printing and publications	121,976			121,976
42. Travel	2,733			2,733
43. Conferences, conventions and meetings	9,125			9,125
44. Interest	Ø			
45. Depreciation, depletion, etc.	Ø			
46. Other expenses not covered above	595,004	21,825	34,180	34,900.2
Total Expense Amounts:				Fundraising:
47. TOTAL EXPENSES:	2,839,369	151,276.9	189,523	113,707.6

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csi@sosnc.com
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
Facsimile: (919) 807-2220
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Annual Financial Report Form

Form Revision: 1
Effective Date: November 19, 2004

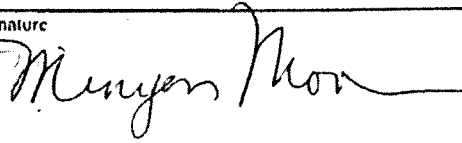
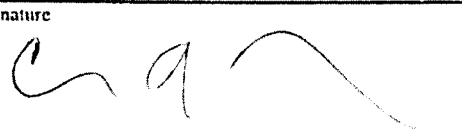

North Carolina Department of the Secretary of State Charitable Solicitation Licensing	Annual Financial Report Form for charitable or sponsor organizations
--	---

Joint cost allocations:

48. Are any joint costs from a combined educational campaign and fundraising solicitation reported in the expense totals for Section 3 (B) Program Services? <i>If the answer to item 48 is "No", skip items 49 through 52 and proceed to item 53. If the answer to item 48 is "Yes", answer items 49 through 52.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
49. Aggregate (total) amount of joint costs:	Amount	
50. Amount allocated to Program Services:		
51. Amount allocated to Management and General:		
52. Amount allocated to Fundraising:		
Optional Attachments:		
53. You may submit additional explanatory or descriptive information as attachments. Please check "Yes" here if attaching additional information:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

54. FINANCIAL REPORT CERTIFICATION:

We, as members of the audit and/or finance committee or as members of the board of directors of the organization identified above, do hereby certify that the information in this report and any attachments is true and correct to the best of our individual and collective knowledge.

Name: MINYON MOORE	Signature 
Title: PRESIDENT	
Name: CHARLES BAKER	Signature 
Title: TREASURER	
Name: DENNIS CHENG	Signature 
Title: DIRECTOR	

55. Report Completion and Signature Date:	08-16-18
---	----------

CSI Contact Information: Agency Internet Site: www.sosnc.com Electronic Mail: csi@sosnc.com Telephone (919) 807-2214 - Toll free for NC residents 1-888-830-4989 Facsimile (919) 807-2220 Mailing Address: P.O. Box 29022 Raleigh, NC 27628-0622	Annual Financial Report Form Form Revision 1 Effective Date November 19, 2004 Page 3 of 3
---	--